



ENVIRONMENTAL COMPLAINTS & LOCAL SERVICES
TOTAL RETENTION FACILITIES
TOTAL RETENTION FACILITIES with LAND APPLICATION
WASTEWATER BYPASS FORM

DEQ Facility ID: 530601 ~~530603~~ Facility Name: Rural Water & Sewer County: Pittsburg
District No. 20

Report all Total Retention Facility and
 Total Retention Facilities with Land Application
 wastewater bypasses to
 DEQ/ Environmental Complaints and Local Services
 within **24 hours** at:

1-800-522-0206

Mail or Fax written report including copies of ANY test results
 within **5 days** to:

Department of Environmental Quality
Environmental Complaints and Local Services
 P.O. Box 1677
 Oklahoma City, OK 73101-1677
 Fax No. (405) 702-6226

DEQ notified: 3 7 2018 9:10 ☒ AM ☐ PM
Month Day Year Time

Period of bypass: From 03 07 2018 11:00 ☒ AM ☐ PM
Month Day Year Time
 To 03 11 2018 11:00 ☒ AM ☐ PM
Month Day Year Time

Type of Bypass: ☐ Pipe ☒ Lagoon/Basin ☐ Manhole ☐ Head Works ☐ Lift Station

Strength of Bypass: ☒ Raw ☐ Partially Treated Amount of Bypass: 3,000,000 GALLONS
 Type of samples taken: ☐ BOD ☐ TSS ☐ Fecal ☒ pH ☐ None ☒ Other: TOTAL COLIFORMS
E. Coli ABSENCE

Geographical location of bypass and receiving stream if appropriate:

N 35° 12' - 33.46" / W 095° 32' - 21.92 RWD #20 PITTSBURG LAGOON #3

Reason for bypass: CONTROLLED BYPASS TO REMOVE RAINWATER AND AVOID FURTHER UNCONTROLLED BYPASS

Steps taken to prevent recurrence: TESTING - REMOVING RAINWATER - LIMB WILL BE APPLIED

Were fish or other wildlife affected as a result of the bypass? ☐ Yes ☒ No How? _____

Impact to receiving stream and/or surrounding areas: NONE

Steps taken to clean up or treat bypass: LIMB

Reported by: Laci Allen Title: Admin Manager

Signature: [Signature] Date: 3-7-18
Facility Representative

DEQ EPS USE ONLY:

Type of Contact: ☐ Phone or ☐ Site Visit Date: _____ Follow up Site Visit ☐ Date: _____

Geographical location of bypass and receiving stream if appropriate: _____

Reason for bypass: _____

Steps taken to prevent recurrence: _____

Impact to receiving stream and/or surrounding areas: _____

Steps taken to clean up or treat bypass: _____

Corrective action needed: _____ Comply by date: _____

Reported information confirmed: ☐ Yes ☐ No If no, explain: _____

Comments: _____

Signature: _____ ID #: _____ Date: _____

ECLS Representative